



SPRINGFIELD HEALTH & HUMAN SERVICES DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
311 STATE STREET
SPRINGFIELD, MA 01105
PHONE: (413) 787-6740 FAX: (413) 787-6458

APPLICATION FOR PERMIT/DISPOSAL WORKS INSTALLER

THE UNDERSIGNED HEREBY APPLIES FOR A DISPOSAL WORKS INSTALLER LICENSE TO CONSTRUCT, ALTER, INSTALL, OR REPAIR SUBSURFACE SEWAGE DISPOSAL SYSTEMS AS REQUIRED BY THE PROVISIONS OF THE STATE ENVIRONMENTAL CODE, TITLE V, AND THE RULES AND REGULATIONS OF THE SPRINGFIELD PUBLIC HEALTH DEPARTMENT.

PLEASE PRINT OF TYPE

DATE: _____

APPLICANT/COMPANY NAME: _____ TEL# _____

ADDRESS: _____

IF COMPANY, OWNERS NAME: _____ TEL# _____

MAILING ADDRESS: _____

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE SUBSURFACE SEWAGE DISPOSAL SYSTEM REQUIREMENTS OF THE STATE ENVIRONMENTAL CODE, TITLE V, AND I AGREE TO COMPLY WITH SUCH REGULATIONS AS EXISTING, OR AS AMENDED; AND, THAT I AM FAMILIAR WITH THE CONSTRUCTION PRACTICES AND INSPECTION REQUIREMENTS.

NO SYSTEMS ARE TO BE CONSTRUCTED, ALTERED OR REPAIRED WITHOUT AN APPROVED APPLICATION FOR A DISPOSAL WORKS CONSTRUCTION PERMIT BY THE SPRINGFIELD PUBLIC HEALTH DEPARTMENT.

NO SYSTEM WILL BE COVERED WITHOUT AN INSPECTION BY AN AUTHORIZED REPRESENTATIVE OF THE HEALTH DEPARTMENT. THE UNDERSIGNED FURTHER AGREES THAT HE /SHE SHALL HAVE THE APPROVED WORK PLAN AND A DISPOSAL WORKS CONSTRUCTION PERMIT ON THE SITE LOCATION AT ALL TIME.

ANY VARIANCE OR MODIFICATION OF APPROVED PLANS IN THE CONSTRUCTION OR REPAIR OF A SEWAGE DISPOSAL SYSTEM WITHOUT APPROVAL OF THE HEALTH DEPARTMENT WILL BE CAUSE FOR REVOCATION OR SUSPENSION OF THIS PERMIT.

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER PENALTIES OF THE PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SOCIAL SECURITY #/ FEDERAL I.D. #

APPLICANT SIGNATURE